



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH CARE REGULATION AND LICENSING ADMINISTRATION



**CHILD CARE EMPLOYEE APPOINTMENT, PROMOTION OR SEPARATION NOTIFICATION**

Pursuant to **Title 29 of the District of Columbia Municipal Regulations, Chapter 3**, Child Development Facilities § 304.4, this form must be completed and sent to the Child and Residential Care Facility Division for each newly hired (appointed) staff, staff promotion or separation in your facility.

\_\_\_\_\_  
Name and Address of Facility

\_\_\_\_\_  
Director

**STAFF MEMBER:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Date Appointed: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION (High School Diploma, GED and College Degree):**

High School: \_\_\_\_\_  
Name and Address Date Attended

GED: \_\_\_\_\_  
Name of Educational Institution Date Received

College: \_\_\_\_\_  
Name and Address Date Attended

Degree: \_\_\_\_\_  
Name of Degree Date Received

**SPECIAL TRAINING  
(specify):** \_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STAFF CHANGES:** Date: ☐ Promotion

☐ Termination, Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature and Title of Employer/Designee

\_\_\_\_\_  
Date

**RETURN TO: Child & Residential Care Facilities Division, 825 North Capitol Street, NE., 2<sup>nd</sup> Floor, Washington, DC 20002. Ph: (202) 442-5929 Fax: (202) 442-9430**

**PLEASE RETAIN A COPY FOR YOUR RECORDS**